

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21**

DOCUMENT # 729077 (8)

1. Corporation Name
NORTHEAST BAPTIST CHURCH, INCORPORATED, OF FORT LAUDERDALE, FLORIDA

Principal Place of Business Mailing Address
5590 N.E. 6 AVE FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/11/1974** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-1225047** **65-0537336** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**CHARLES, COLLINS
1062 SE 22ND AVE
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name **SAMP**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COLLINS, CHARLES
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BCH FL
TITLE	SD
NAME	GWATHNEY, JOHN
STREET ADDRESS	6721 NW 2ND AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	HILL, WILLIAM
STREET ADDRESS	5409 NW 2ND TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	EVER, FORREST
STREET ADDRESS	699 NE 59 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	PATRICK, DONALD
STREET ADDRESS	4501 N.E. 2ND AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TV
NAME	PERRY, BERNICE
STREET ADDRESS	4720 N E 6TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SID JOE RAY NUTCHINSON
2.3 STREET ADDRESS	650 NE 57 CE
2.4 CITY-ST-ZIP	PORT LAUDERDALE, FL 33304
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D William Breeding
3.3 STREET ADDRESS	331 NW 51 COURT
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernice Perry **Bernice Perry** **2-15-95** **305-491-1439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime There is)